

**PREPARATION AND MAILING INSTRUCTIONS**  
**FORM DPA 1517/1517A**  
**PROVIDER FORMS REQUEST**

The Department of Public Aid provides required billing forms (invoices), adjustment forms, and various types of pre addressed mailing envelopes to be used by the enrolled provider for submittal of such forms to the Department.

These materials may only be obtained by submittal of Form DPA 1517/1517A, Provider Forms Request. Local Public Aid offices do not maintain a supply. The provider should submit the Provider Forms Request at least three weeks in advance of supply exhaustion. The Department will not mail forms (except Form DPA 1517/1517A) in response to telephone requests.

A facsimile of Form DPA 1517, is included in this Appendix. Instructions for its completion, as well as completion of the Form DPA 1517A, follow in the order in which the entry fields appear on the form. The form should be either typewritten or legibly hand printed.

Provider Name, Number, and Type

Enter the provider name and provider number exactly as they appear on the Provider Information Sheet. Enter code "10" as the provider type.

Form Number

Enter the IDPA form number being requested. Generally, the form number is shown in the lower left corner of the form and the name at the top of the form. Enter the quantity of the form requested. The quantity should be in lots of 100, i.e., 100, 200, 500, etc. Please request a sufficient quantity to last three (3) months. Indicate whether the forms are to be either CONTINUOUS FEED or SNAP OUT.

Envelope Number

Enter the IDPA envelope number being requested. The number of the form is shown in the lower left corner on the face of the envelope. Enter the quantity of the envelope requested. Please request a sufficient quantity to last three (3) months.

Mailing Label

Enter the name and address to which you want forms and envelopes sent. Inclusion of the zip code is essential. Forms and mailing envelopes will be sent only to enrolled providers. The Department of Public Aid will not provide these supplies to billing services.

## APPENDIX A-8(2)

The following are the numbers and names of forms and envelopes which are required to be used by physicians:

Form DPA 2360	Health Insurance Claim Invoice
Form DPA 1443	Provider Invoice
Form DPA 1444	Provider Invoice Envelope
Form DPA 1409	Prior Approval Request
Form DPA 2292	Adjustment
Form DPA 1416	Adjustment Envelope
Form DPA 1414	Special Approval Envelope
Form DPA 2248	Special Handling Envelope
Form DPA 2803	Optical Prescription Order (OPO)
Form DPA 2189	Sterilization
Form DPA 1977	Hysterectomy
Form DPA 2390	Abortion Payment Application

### SUBMITTAL INSTRUCTIONS

Retain a copy for your records and submit the original as follows:

For the counties of Cook, DuPage, Kane, Kankakee, Lake, Will and Winnebago send a Form DPA 1517A to:

Illinois Department of Public Aid  
Quad County Stores  
3721 South St. Louis Avenue  
Chicago, Illinois 60632-3320

For all other Illinois counties and all out-of-state providers, send a Form DPA 1517 to:

Illinois Department of Public Aid  
Downstate Stores  
5000 Industrial Drive  
Springfield, Illinois 62703-5387

NOTE: Supplies of either Form DPA 1517 or 1517A may be obtained by calling the appropriate numbers below:

For the Counties of Cook, DuPage, Kane, Kankakee, Lake, Will and Winnebago, the Form DPA 1517A may be obtained by calling (312) 650-7311.

For all other Illinois Counties and all out-of-state providers, the Form DPA 1517 may be obtained by calling (217) 786-6968.

Questions regarding the correct completion of the Form DPA 1517 or 1517A should be directed to the appropriate phone numbers as shown above.